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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET								Application Number 10/660317		Filing Date 9-11-2003		
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)								Applicant(s) James G. Vanden Eynden				
								* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X			X								
2		X			X							
3		X				X						
4			X			X						
5				X								
6					X							
7						X						
8							X					
9								X				
10									X			
11										X		
12											X	
13		X				X						
14	X		X									
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Total Indep	2			4								
Total Depend	31	←		29	←							
Total Claims	33			33								

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